




Issue Classification 	Application No.	Applicant(s)	
	09/680,756	MCBRIDE ET AL.	
	Examiner	Art Unit	
	D. Jacob Davis	3731	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
606		61							
INTERNATIONAL CLASSIFICATION									
A6	B	17/56							
		/							
		/							
		/							
		/							

<i>D. Jacob Davis</i> 5/21/04 (Assistant Examiner) (Date)		 (Primary Examiner)	Total Claims Allowed: 18	
(Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 17

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
	3		33		63		93		123		153		183		
	4		34		64		94		124		154		184		
	5		35		65		95		125		155		185		
	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
	9		39		69		99		129		159		189		
	10		40		70		100		130		160		190		
	11		41		71		101		131		161		191		
	12		42		72		102		132		162		192		
	13		43		73		103		133		163		193		
	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168	2	198		
	19		49		79		109		139		169		199		
	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173	3	203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175	4	205		
	26		56		86		116		146		176	5	206		
	27		57		87		117		147		177	6	207		
	28		58		88		118		148		178	7	208		
	29		59		89		119		149		179	8	209		
	30		60		90		120		150		180	9	210		

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INTERNATIONAL CLASSIFICATION									
	/								
	/								
	/								
	/								
	/								

(Assistant Examiner)	(Date)	(Primary Examiner)	(Date)	Total Claims Allowed:	
(Legal Instruments Examiner)	(Date)			O.G. Print Claim(s)	O.G. Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
10	211		241		271		301		331		361
11	212		242		272		302		332		362
12	213		243		273		303		333		363
	214		244		274		304		334		364
	215		245		275		305		335		365
	216		246		276		306		336		366
	217		247		277		307		337		367
	218		248		278		308		338		368
	219		249		279		309		339		369
	220		250		280		310		340		370
	221		251		281		311		341		371
	222		252		282		312		342		372
	223		253		283		313		343		373
	224		254		284		314		344		374
	225		255		285		315		345		375
	226		256		286		316		346		376
	227		257		287		317		347		377
	228		258		288		318		348		378
	229		259		289		319		349		379
	230		260		290		320		350		380
	231		261		291		321		351		381
	232	1	262		292		322		352		382
	233		263		293		323		353		383
	234	13	264		294		324		354		384
	235	14	265		295		325		355		385
	236	15	266		296		326		356		386
	237	16	267		297		327		357		387
	238	17	268		298		328		358		388
	239	18	269		299		329		359		389
	240		270		300		330		360		390